

CLAIMS ONLY						Application Number <b>10/565075</b>	Filing Date
						Applicant(s)	
<b>03-06-07</b>						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
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50							
Total Indep			<b>7</b>				
Total Depend			<b>5</b>				
Total Claims			<b>12</b>				